

## Referral to Adult Diabetes Specialist Services

<p><b>Aim(s) and objective(s)</b></p> <p>To ensure that those people with Diabetes Mellitus (DM) who live within Lanarkshire are appropriately referred to the Diabetes Specialist Service (Consultant, Nurse, Dietitian and Podiatrist)</p>
<p><b>Author(s)</b></p> <p>Susan Arnott, Diabetes MCN Lead Clinician          June Currie, Diabetes Service Manager          Sandeep Thekkepat, Consultant Diabetologist</p>
<p><b>User group</b></p> <p>All Diabetes Specialist staff in NHS Lanarkshire          All acute-based and primary health care professionals involved in diabetes care within NHS Lanarkshire, including staff working within Care Homes          Those people with DM (including partners, family and carers) living in Lanarkshire          All associated professionals who deal with people with DM e.g. social workers, teachers</p>
<p><b>Guideline</b></p> <p style="text-align: center;"><b>** THOSE WITH UNCONSCIOUS HYPOGLYCAEMIA, SUSPECTED KETOACIDOSIS OR NON-KETOTIC HYPEROSMOLAR COMA NEED REFERRAL TO ACCIDENT &amp; EMERGENCY VIA THE SCOTTISH AMBULANCE SERVICE – DIAL 999 **</b></p> <p><b><u>CONSULTANT DIABETOLOGIST SERVICE</u></b></p> <p><b>Same day</b> (<i>via telephone Emergency Response Centre or Receiving Physician, contact telephone numbers - Appendix 1</i>)</p> <ul style="list-style-type: none"> <li>• Any patient with Type 1 diabetes who presents with vomiting and/or is biochemically unstable (including new diagnosis)</li> <li>• Patients with infected, necrotic or gangrenous foot ulcer/suspected Charcot foot <b>IF</b> unable to access specialist podiatrist</li> <li>• Patients presenting with acute deterioration in renal function</li> </ul> <p><b>Routine</b> (<i>via SCI-Gateway</i>)</p> <ul style="list-style-type: none"> <li>• Patients presenting with acute deterioration in renal function</li> <li>• Recurrent hypoglycaemia or loss of hypo awareness (consider also contacting acute-based Specialist Nursing service by phone for interim advice and guidance)</li> <li>• Persistent hypertension and hyperlipidaemia despite intensive management as per current guidelines</li> <li>• Painful neuropathy not responding to treatment as per current guideline</li> <li>• Erectile dysfunction associated with poor glycaemic control despite maximising treatment as per current guidelines</li> <li>• Suspicion of autonomic neuropathy (e.g. gustatory sweating, gastric paresis) associated with poor glycaemic control</li> <li>• Patients with Chronic Kidney Disease (CKD) 3B for optimisation of cardiovascular risk management and review of glycaemic control</li> <li>• Patients under 35 with a new diagnosis of Type 2 Diabetes</li> <li>• Patients for whom insulin pump therapy (CSII) is to be considered</li> <li>• Patients to be considered for GLP-1 analogue therapy</li> </ul>

## **DIABETES SPECIALIST NURSE (DSN) SERVICE**

### **Same day referral** *(by telephone – see Appendix 1 for contact details)*

- Newly diagnosed Type 1 diabetes, where patients are not vomiting and who are biochemically stable

(NB For patients with recurrent hypoglycaemia or loss of hypo awareness, who have been referred to the Consultant for review, consider contacting the acute DSN service for interim advice and guidance.)

### **Urgent referral** *(via SCI-Gateway)*

- Women with Type 1 or Type 2 Diabetes contemplating pregnancy
- Women with confirmed pregnancy prior to review at the Joint Antenatal Clinic (based at Wishaw General Hospital) to stabilize control and provide initial advice
- Initiation of treatment (e.g. corticosteroids) that have de-stabilised diabetes (also appropriate for community review)

### **Routine referral** *(via SCI-Gateway)*

- People with Type 1 Diabetes with previous failure to attend, but who are now receptive to specialist referral/support
- Type 1 patients for DAFNE programme
- Type 1 and Type 2 patients on multiple therapy with poor glycaemic control i.e.:
  - HbA<sub>1c</sub> > 58 – 64 mmol/mol = 7.5 - 8% (or outwith individual agreed target), despite increasing/maximising medication
  - fasting blood glucose (BG) levels persistently > 7 mmol, despite increasing/maximising medication
  - pre-meal BG levels persistently > 9 - 10 mmol, despite increasing/maximising medication
  - recurrent hypoglycaemia (hypo), despite reduction in oral medication (or loss of hypo awareness)
- Type 1 patients who are unwilling to attend acute based services – can be reviewed by community staff pending future referral to diabetes out patient clinic
- Those requiring support to overcome barriers to self-care

## **DIABETES SPECIALIST DIETITIAN** *(via SCI Gateway)*

The diabetes specialist dietitian may see patients individually or in conjunction with the diabetes specialist nurse.

- Newly diagnosed Type 2 Diabetes
- Newly identified increased risk of diabetes (previously Impaired Fasting Glycaemia or Impaired Glucose Tolerance)
- Patients with Type 2 Diabetes who are newly registered with the Practice
- Patients who are being converted to insulin or GLP-1 therapy
- Diabetes with BMI ≥ 30 (or ≥28 in South Asian and African/Caribbean Population) – only if shown readiness to change
- Diabetes with BMI ≤ 18
- Post natal gestational diabetes
- Deteriorating glycaemic control (increasing HbA<sub>1c</sub> or regular hypoglycaemia)
- People with diabetes requesting a one to one appointment for education

<p><b><u>GENERAL PODIATRY</u></b> (<i>via referral form, Appendix 2</i>)</p> <ul style="list-style-type: none"> <li>• All new patients</li> <li>• Patients with moderate and high risk feet - for foot screening and intervention</li> </ul>
<p><b><u>DIABETES SPECIALIST PODIATRIST (urgent)</u></b></p> <ul style="list-style-type: none"> <li>• Via telephone if /deteriorating wound (followed by SCI Referral)</li> </ul>
<p><b><u>MULTIDISCIPLINARY FOOT CLINIC</u></b></p> <ul style="list-style-type: none"> <li>• Tertiary referral via diabetes specialist podiatrist</li> </ul>
<p><b><u>RETINAL SCREENING</u></b></p> <ul style="list-style-type: none"> <li>• Automatically via SCI Diabetes when the diagnostic code for diabetes added to the GP Clinical IT system</li> <li>• Via direct referral letter (if patient declines inclusion on SCI Diabetes)</li> </ul>
<p><b><u>SELF MANAGEMENT STRUCTURED EDUCATION PROGRAMMES</u></b> (throughout NHS Lanarkshire)</p> <p><b><u>STEP (Type 2 diabetes)</u></b></p> <ul style="list-style-type: none"> <li>• Self referral by telephone – see appendix 3</li> </ul> <p><b><u>DAFNE (Type 1 diabetes)</u></b></p> <ul style="list-style-type: none"> <li>• Via tertiary referral from diabetes specialist team</li> </ul>
<p><b>References</b></p> <p>Scottish Executive (2002) <i>Scottish Diabetes Framework</i>. Edinburgh: Scottish Executive.          Scottish Executive (2006) <i>Scottish Diabetes Framework Action Plan</i>. Edinburgh: Scottish Executive.          SIGN (2010) <i>116: Management of Diabetes</i>. Edinburgh: Scottish Intercollegiate Guidelines Network.</p>
<p><b>Further Reading</b></p> <p>Diabetes UK website <a href="http://www.diabetes.org.uk">http://www.diabetes.org.uk</a></p>
<p><b>Diabetes MCN endorsement</b></p> <p>May 2014</p>
<p><b>Review Date</b></p> <p>May 2017</p>

## **APPENDIX 1**

### **Diabetes Specialist Staff Contact Details**

<b>Emergency Response Centre (ERC) 08001 114003</b>	
<b>Hairmyres Hospital</b>	
<b>Specialist</b>	<b>Contact Telephone Number</b>
Consultant	Page via switchboard on 01355 585000
Acute Diabetes Specialist Nurse	01355 585230
Community Diabetes Specialist Nurse	01355 597493
Acute Diabetes Specialist Dietitian	01355 585230
Community Diabetes Specialist Dietitian	01355 593494
Diabetes Specialist Podiatrist	01355 597461
<b>Monklands Hospital</b>	
<b>Specialist</b>	<b>Contact Telephone Number</b>
Consultant	Page via switchboard on 01236 748748
Acute Diabetes Specialist Nurse	01236 712430
Community Diabetes Specialist Nurse	Cumbernauld/Kilsyth 01236 508321 Airdrie/Coatbridge 01236 707199
Acute Diabetes Specialist Dietitian	01236-713129
Community Diabetes Specialist Dietitian	Cumbernauld/Kilsyth 01236 508321 Airdrie/Coatbridge 01236 439739
Diabetes Specialist Podiatrist	01236 712141
<b>Wishaw General Hospital</b>	
<b>Specialist</b>	<b>Contact Telephone Number</b>
Consultant	Page via switchboard on 01698 361100
Acute Diabetes Specialist Nurse	01698 366362/01698 366361
Community Diabetes Specialist Nurse	Wishaw/Clydesdale/Shotts 01555 890413 Motherwell/Bellshill/Uddingston 01698 206405
Acute Diabetes Specialist Dietitian	01698 366412
Community Diabetes Specialist Dietitian	Wishaw/Clydesdale/Shotts 01555 890413 Motherwell/Bellshill/Uddingston 01698 206405
Diabetes Specialist Podiatrist	01698 366359
<b>NHS Lanarkshire</b>	
<b>Specialist</b>	<b>Contact Telephone Number</b>
Diabetes Retinal Screening	0300 3030 244
STEP structured patient education - East Kilbride/Hamilton /Rutherglen/Cambuslang	01355 597460
- Motherwell/Bellshill/Uddingston	01698 206405
-Airdrie/Coatbridge/Cumbernauld/Kilsyth	01236 707199
- Wishaw/Clydesdale/Shotts	01698 366833



**APPENDIX 2**

Department of Podiatry

**HEALTH PROFESSIONAL REFERRAL FORM**

**Patient Details**

TITLE(circle as appropriate): MR MRS MISS Other:			
NAME:		D.O.B.:	
ADDRESS:		CHI No.:	
TOWN:		POST CODE:	
TELEPHONE NUMBER:			
GENERAL PRACTITIONER:			

**Referrer's Details**

NAME:	JOB TITLE:
BASE:	
TELEPHONE NUMBER:	

**Reason for referral** (We carry out Triage on all referrals therefore please provide us with as much detail as possible when referring).

---



---



---

Please note below any relevant medical history:

---



---

**MEDICATION TAKEN BY PATIENT:**

---



---

**NOTE:** Please complete all sections to enable us to prioritise an appointment. Incomplete forms will be returned.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Return to:</b></p>   <p>First Issued: March 2008 Second Revision: April 2011</p>
---



**APPENDIX 3**

# Diabetes STEP Programme



The NHS Lanarkshire Diabetes Self Management Type 2 Education Programme (STEP) is an interactive programme of structured education. Developed by healthcare professionals across NHS Lanarkshire, the programme meets important criteria laid out by the Scottish Diabetes Action Plan and the National Institute for Clinical Excellence (NICE).

The programme will explore the four cornerstones of diabetes management:

- Diet
- Activity
- Medication
- Knowledge

**STEP is a 3 week Programme (2½ hour session per week) where you and a group of people with Type 2 Diabetes will meet with a member of the Diabetes Team. Please ask your practice for a self referral leaflet for the programme.**

- Week 1**      **What is Diabetes & What are Carbohydrates?**
- Week 2**      **The bigger picture in relation to diet & activity**
- Week 3**      **The short & long term effects of diabetes**

For more information or to book a FREE place phone the STEP Administration Teams:

East Kilbride/Hamilton/Rutherglen/Cambuslang/  
Larkhall/Stonehouse/Strathaven Tel No. 01355 597460

Motherwell/Bellshill/Uddingston  
Tel No: 01698 206405

Airdrie/Coatbridge/Cumbernauld/ Kilsyth  
Tel No: 01236 707199

Wishaw/Carluke/Clydesdale/Lanark/Shotts  
Tel No: 01698 366833 (answer machine)

